



Monica J. Lindeen
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Report Suspected Insurance Fraud

Your Information:

Last	First	Phone #	E-mail Address
Street/Apartment #	City	State	ZIP Code

Suspect Information:

Last	First	M.I.	Date of Birth
Street/Apartment #	City	State	ZIP Code

Nature of Suspected Fraud:

<input type="checkbox"/>	Faked Property Damage	<input type="checkbox"/>	Billed for Services Not Provided
<input type="checkbox"/>	Inflated Financial Loss	<input type="checkbox"/>	Billed for Excessive or Extended Treatments
<input type="checkbox"/>	Faked/Exaggerated Injury	<input type="checkbox"/>	Fabricated Services
<input type="checkbox"/>	Staged Accident/Injury	<input type="checkbox"/>	Charged Inconsistent with Services Provided
<input type="checkbox"/>	History of Filing Suspect Claims	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Provided an Inaccurate History		

Describe the nature of the suspected fraud. Please include as much information as you can about the type of insurance involved, the dates the suspected fraud occurred and a description of the suspected fraud:

Do you have any reason to believe this incident is related to other fraudulent activity?

Yes

No

If yes, please describe:

Is this an insurance company referral?

No

Yes - Please include the following:

Insurance Company

Contact Person

Phone

Address

City

State

ZIP Code

Ways to submit this form:	By Fax: (406) 444-3497
	By E-mail: mike.anderson@mt.gov
	By mail: Investigations Bureau Office of the Commissioner of Securities & Insurance Montana State Auditor 840 Helena Avenue Helena, MT 59601

All information will be kept confidential